File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



IA ETHICS AND CAMPAIGN DISCLOSURE BU

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Or	ganization)	700	3 JAN 14 AM 8: 45
Committee To Elect Lisa Heddens			FORM
IMPORTANT: Indicate by # type of committee you are reporting fo (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Car Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	(2) State PAC (3) State Party	Ē	DR-2 Rev. 07/2007) DISCLOSURE REPORT OF Office Use Only Domm. # 1339
CANDIDATE COMMITTEES ONLY:			ogged In
Candidate Name Lisa Heddens	Political Party (if applicable) Democrat	S	canned
		0	omputer
Office Sought State House of Representatives	District (if Senate or House) 46	A	udited
Late reports are subject to possible civil and criminal penalties. F	Pursuant to Iowa Code sections 68B.32A(7) and 68	A.401(3), the candidate, for a
I AM FILING A December 31, 2008	REPORT FOR (1) ELECTION /(2	NON	ELECTION YEAR
(report date)	Indicate by #		ELECTION TEAR.
☐CHECK IF AMENDMENT TO REPORT DATED	Lo	cal Com	mittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	<i>سا</i> ر اس		ocal Committees, enter County in ion is held
STATEMENT OF CASH ON HAM	ID		
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	\$	2,647.42
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Sche	dule A) (*also see in-kind below)		725.00
Schedule F: Loans Received total (Attach Schedul	· · ·		
	· I / **********************************		
Schedule H: Total Sales of Campaign Property (At			
Schedule H: Total Sales of Campaign Property (At (Schedule H applies to Candidates' Con	tach Schedule H)		
	tach Schedule H)	•••••	3,372.42
	tach Schedule H) nmittees Only) SUB-TOTAL	•••••	
(Schedule H applies to Candidates' Con	tach Schedule H) nmittees Only) SUB-TOTAL D	\$	
(Schedule H applies to Candidates' Con SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B	nmittees Only) SUB-TOTAL D 3) (**also see debts and loans below)	\$	3,372.42
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule E Schedule F: Loan Repayments total (Attach Schedule Schedule F: Loan Repayments total (Attach Schedule E Schedule F: Loan Repayments total (Attach Schedu	nmittees Only) SUB-TOTAL D (**also see debts and loans below)	\$	3,372.42
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule E Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final recommendation)	sub-Total SU	\$ \$	3,372.42 1,257.50
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final re	sub-Total	 \$	3,372.42 1,257.50
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final result of the control of the con	sub-Total	\$ \$	3,372.42 1,257.50 2,114.92
(Schedule H applies to Candidates' Con SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B	sub-Total	\$ \$	3,372.42 1,257.50 2,114.92
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule F: Loan Repayments total (Attach Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final re"UNPAID BILLS (From Schedule D - Attach Schedule D)" NIN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule T) CONSULTANT BREAKDOWN (Schedule G Attached?)	sub-Total	\$ \$	3,372.42 1,257.50 2,114.92
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final re**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F - Attach Schedule CASH ON Schedule F - Attach	sub-TOTAL	\$ \$	3,372.42 1,257.50 2,114.92

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Committee To Elect Lisa Heddens

SCHEDULE	
(Rev. 07/03)	MONETARY RECEIPTS
CHE	CK THIS BOX IF
AME	NUING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/28/2008	ID# 8026 CK# 18684	International Brotherhood of Electrical Workers 900 Seventh Street. NW Washington, DC 20001		\$ \$200.00	
10/28/2008	ID# 8475 CK# 1284	Medimmune PAC 1 Medimmune Way Gaithersburg, MD 20878		\$100.00	
10/28/2008	ID# CK#	Susan K Cameron 600 Brentwood Dr Waukee, IA 50263		\$150.00	
11/05/2008	ID# 8251 CK# 2077	PrinPac c/o Terry Tobin 711 High Street Des Moines, IA 50392		\$250.00	
11/13/2008	CK#	MaryAnn Lundy 4316 Phoenix Ames, IA 50014		\$25.00	
	ID# CK#				
	ID# CK#	-			
	ID# CK#	·			
	ID# CK#				
	ID# CK#	-			
			SUB-TOTAL	725.00	

TOTAL (if last page of this schedule)

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Lisa Heddens

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
0/30/08	ID# CK# ₁₂₄₈	House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Contribution	\$ 1000.00
1/4/08	ID# CK# ₁₂₄₉	Wilcox Print & Publishing 102 S Main St - PO Box 167 Madrid, IA 50156-0177	Ad in Madrid Register - News	257.50
	ID#			
	CK#			
	ID# CK#			
	ID#			
	CK#			
	CK#			
	ID#			
	CK#			
	ID# CK#			
		<u> </u>	SUB-TOTAL	- \$ 1257.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1	of 1
raye	01

\$ 1257.50

TOTAL (if last page of this schedule)

MMITTEE NAME(Mustommittee To Elect I	st be same as on Statement of Organization)	// // 245		SCHEDULE F (Rev. 02/08)	LOAN RECEIV & REPA
	ports money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD \$	the committee	account.	CHECK AMENDIN	
RT I - MONETARY L (Original source	OANS RECEIVED <u>THIS</u> REPORTING PERIOD e of loan, such as a bank, must be shown if a third party is a	involved. Incl	ude loans from candid	ate's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (include Endorser's Name, if Applicable)		ELATIONSHIP TO DIDATE (If Applicable*)	AMOUNT (F LOAN
				\$	
Į.					
		TOTAL	. (PART I)	\$	
ART II - MONETARY (Loans forgive	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD on must be reported on Schedule E — In-kind Contributions.	,	. (PART I)	\$	
ART II - MONETARY (Loans forgive DATE PAID (MM/DD/YR)	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD on must be reported on Schedule E – In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)) RE	ELATIONSHIP TO	I AMOUNT F	REPAID
(Loans forgive	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER) RE		I AMOUNT F	REPAID
(Loans forgive	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER) RE	ELATIONSHIP TO	I AMOUNT F	REPAID
(Loans forgive	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER) RE	ELATIONSHIP TO	I AMOUNT F	REPAID
(Loans forgive	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER) RE	ELATIONSHIP TO	I AMOUNT F	REPAID
(Loans forgive	n must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RECAND	ELATIONSHIP TO IDATE* (If Applicable)	I AMOUNT F	REPAID
(Loans forgive	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	REPAYMENT	ELATIONSHIP TO IDATE* (If Applicable) TS (PART II) ORGIVEN	I AMOUNT F	REPAID